Certification

I declare to the best of my knowledge and belief that the attached document(s) are true electronic copies of the executed collective negotiations agreement(s) and the included summary is an accurate assessment of the collective bargaining agreement for the term beginning		
	Employer:	Egarcasury Two
- GHITE COLLAR	County:	Somerser
DRA 397 A	Date:	9/18/17
-PBA 397 A -PBA 397	Name:	Print Name
- DPW	Title:	ADMINISMATOR
		Signature